### FORM D

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



Prefix		· · · · · · · ·
DA	TE RECEIV	ED
	1	

	s an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply)	and Chief Executive Officer of Operating Company.  Rule 504 Rule 505 Rule 506 Section 4(6)	□ ULOE PEOSVED CO
Type of Filing: X New Filing		
	A. BASIC IDENTIFICATION DATA	2003
Enter the information requested ab		<u> </u>
•	amendment and name has changed, and indicate change.)	
Mid-Western Aircraft Systems Hold	- · · · · · · · · · · · · · · · · · · ·	16 92 /49/
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3801 South Oliver, MC K11-60	Wichita, Kansas 67210	316-526-9000
Address of Principal Business Operation		Telephone Number (Including Area Code)
(if different from Executive Offices)  Same as above		Same as above
Brief Description of Business		danie as above
	dings, Inc.'s business consists of the design, production a	nd sale of parts for commercial aircraft and
provision of support services relate		DDAGFAGES
Type of Business Organization		
x corporation		please specify):
business trust	limited partnership, to be formed	JUL 1 7 2005 E
Actual or Estimated Date of Incorporation of Incorporation of Incorporation or Organiz	Month Year on or Organization: 0 2 0 5 × Actual Estin eation: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated THOMSON :: FINANCIAL DE
GENERAL INSTRUCTIONS		
77d(6).	fering of securities in reliance on an exemption under Regulation D of the later than 15 days after the first sale of securities in the offering	
and Exchange Commission (SEC) on the	e earlier of the date it is received by the SEC at the address given bed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exc	change Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this photocopies of the manually signed cop	s notice must be filed with the SEC, one of which must be manuall y or bear typed or printed signatures.	ly signed. Any copies not manually signed must b
	ist contain all information requested. Amendments need only report C, and any material changes from the information previously supp	
Filing Fee: There is no federal filing fe	ee.	
ULOE and that have adopted this form are to be, or have been made. If a stat	liance on the Uniform Limited Offering Exemption (ULOE) for some states of the States and the States are requires the payment of a fee as a precondition to the claim for the states in the appropriate states in accordance with state law.	Securities Administrator in each state where sale or the exemption, a fee in the proper amount sha
	ATTENTION	
Failure to file notice in the app appropriate federal notice will filing of a federal notice.	propriate states will not result in a loss of the federal e not result in a loss of an available state exemption unle	xemption. Conversely, failure to file the ess such exemption is predictated on the

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information re	quested for the fol	lowing:			
• Each promoter of t	he issuer, if the iss	suer has been organized w	rithin the past five years;		
<ul> <li>Each beneficial ow</li> </ul>	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive off	icer and director o	f corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and
• Each general and 'n	nanaging partner o	f partnership issuers.			
Charle Davides About Assults		D Pf-i-1 O		District.	C
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i Wright, Nigel	f individual)				
Business or Residence Addre 161 Bay Street, Suite 49		Street, City, State, Zip Coo, Ontario M5J 2S1	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Mersky, Seth					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		LULUFA
161 Bay Street, Suite 49	00 Toront	o, Ontario M5J 2S1			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Onex Corporation	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		Comp. Comp.
161 Bay Street, Suite 490	00 Toronto	o, Ontario M5J 2S1			
Check Box(es) that Apply:	Promoter	★ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre 712 Fifth Avenue, 40th F		Street, City, State, Zip C ork, New York 10019	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
	(Use bla	ink sheet, or copy and use	additional copies of this s	sheet, as necessary	)

					B. IN	FORMATI	ON ABOU	r offeri	NG				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes	No X						
2. Wh	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?						\$ 100,000						
2	.at 13	tire iiiiiiiiii	3	circ cirac vi	m be acce	pica mom i	my marvia	uat				Yes	No
			permit joint										$\boxtimes$
cor If a or s	nmiss perso states	sion or sim on to be lis , list the na	ion request ilar remuner ted is an ass ime of the bi you may se	ation for s ociated pe oker or de	olicitation rson or age aler. If mo	of purchase nt of a brok ere than five	ers in conne ter or deale c (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
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			or selling re Address (N					th this tran	isaction.				
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Name o	f Ass	ociated Br	oker or Dea	iler									
States in	n Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		<u></u> -				
(CI	heck '	'All States	" or check	individual	States)								States
Al		AK	AZ	AR	CA	CO	CT	DE	DC	FL	[GA]	HI	ID
II M		IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR
Full Na	me (l	ast name	first, if indi	vidual)									
Busines	s or	Residence	Address (N	lumber an	d Street, C	ity, State,	Zip Code)		<u> </u>			<u></u>	
Name o	f Ass	ociated Br	oker or Dea	iler							<del>.</del> , ,		
States in	n Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Cl	heck '	'All States	" or check	individual	States)	•••••		•••••	***************	***************************************		☐ AI	l States
Al II M R	T	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Na	me (l	ast name	first, if indi	vidual)	. , ,, ,,,								
Busines	ss or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)						
Name o	of Ass	ociated Br	oker or Dea	aler									
States in	n Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		<u></u>				
(Cl	heck '	"All States	s" or check	individual	States)							☐ Al	l States
A II M R		AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	<b>A</b>	A A l l
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify Phantom Stock*		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	1	§_862,250
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total	-	\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees		] \$
	Printing and Engraving Costs		\$
	Legal Fees	🔀	\$ 1,000
	Accounting Fees		] \$
	Engineering Fees	-	\$
	Sales Commissions (specify finders' fees separately)	_	
	Other Expenses (identify)	-	] \$
	Total	_	\$ 1,000

<sup>\*</sup> For every share of Class B Common Stock and for every unit of Phantom Stock purchased, four shares of Class B Common Stock are issued to the purchaser thereof for no additional consideration. Such shares are subject to restrictions and risk of forfeiture pursuant to the terms of the Mid-Western Aircraft Systems Holdings, Inc. Executive Incentive Plan.

L	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P.	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		s 861,250
5.	Indicate below, the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees	] <b>\$</b> _	
	Purchase of real estate	] \$	
	Purchase, rental or leasing and installation of machinery and equipment	]\$	s
	Construction or leasing of plant buildings and facilities	] \$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	7\$	
	Repayment of indebtedness	_	_
	Working capital		
	Other (specify):		
	Column Totals		⊠\$ <u>861,25</u> 0
	Total Payments Listed (column totals added)	፟፟ጟ\$	861,250
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writt	
lss	uer (Print or Type)	Date	
M	d-Western Aircraft Systems Holdings, Inc.	June	30, 2005
	me of Signer (Print or Type)  eth Mersky  President		